

## ***Participant Enrollment CHANGE Form***

### **Tulalip Tribes of Washington Employees' Retirement Plan**

*Existing Participants may use this form to change their contribution level.*

#### ⇒ **EMPLOYEE INFORMATION**

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EMPLOYEE NAME

SOCIAL SECURITY NUMBER

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ADDRESS

CITY

STATE

ZIP CODE

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DATE OF BIRTH

DATE OF HIRE

ORIGINAL PLAN ENTRY DATE

#### ⇒ **SALARY DEFERRAL CONTRIBUTION ELECTION**

- ☐ I instruct the Payroll Department to defer from each paycheck the following whole percentage of my gross salary as a pre-tax contribution toward my 401(k):

\_\_\_\_\_%

Effective: \_\_\_\_\_ (1<sup>st</sup> day of the following month)

Please note that there is a \$15,000 calendar year limit for 2006 if you are age 49 or under, and a \$20,000 calendar year limit for 2006 if you are at least age 50 (that includes "catch up" contributions).

- ☐ I instruct the Payroll Department to defer from each paycheck the following flat dollar amount:

\$ \_\_\_\_\_

Effective: \_\_\_\_\_ (1<sup>st</sup> day of the following month)

- ☐ I elect not to contribute at this time.

1. I may change my deferral amount on the first day of each month.
2. This election will remain in effect until I change my election
3. I may revoke this election at any time.

#### ⇒ **INVESTMENT ELECTION**

Invesmart, Inc. Interactive Benefit Information System - You can access the information system 24 hours a day - seven days a week. The benefit information system can be reached at:

**Voice Response System at 1-800-370-9601 or Internet at [www.invesmart.com](http://www.invesmart.com).**

To access your account through the information system, just enter your Social Security Number and your PIN/Password. For security reasons, if you do not input both of these numbers, you will not be able to access your account. If you are having difficulties accessing the system, (i.e., lost PIN/Password), please call 1-800-370-9601, and a customer service representative will assist you. Changes will be processed as soon as administratively possible.

#### ⇒ **EMPLOYEE CERTIFICATION**

By signing this form I certify all personal information, including my Social Security Number, is correct.

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EMPLOYEE SIGNATURE

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DATE

***Please keep a copy of this form for your records and return the original to Human Resources.***